Name in Full: Mariah Bond

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westover — County: Somerset

Date of death: Month: July — Day: 9 — 1904

Age: Years: 70 — Months: — — Days: —

Sex: Female — Color or Race: Black

Birthplace: md

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: Widowed

Name of Wife or Husband: Henry Bond

Father's Name: Horace Steward

Father's Birthplace: md

Mother's Maiden Name: Nancy Steward

Mother's Birthplace:

Name of person giving Information: John Tinsley

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old Age — How long:

Immediate: Collapse — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. J. Smith

Address: Po Crisfield md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Crisfield (County) Somerset

Date of death 1904 (Month) July (Day) ~~12~~ 12

Age (Years) — 6 days (Months) — (Days) ~~14~~

Sex Male

Color or Race Black

Birthplace Crisfield

Married, Single or Widowed Infant

Occupation —

Name of Wife or Husband

Father's Name ~~Don't Know~~ Theadore Broughton

Father's Birthplace

Mother's Maiden Name Mary Lee

Mother's Birthplace North Carolina

Name of person giving information Maggie Gordon

How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Premature birth

How long

Immediate Malnutrition

How long 6 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician C E Collins

Address Crisfield Md.

Accident or Suicide?

LIBRARY BUREAU A25516

Name in Full: Still Born Collier

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Deal Island. County: Somerset

Date of death 1904: Month: July. Day: 3. Age: Years: Stillborn. Months: —. Days: —.

Sex: Girl. Color or Race: White. Birthplace:

Occupation: —. Where Residing if not at place of death: Deal Island.

Married, Single or Widowed: —. Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Marion Collier S. Father's Birthplace: Deals Island

Mother's Maiden Name: Margie White. Mother's Birthplace: Deals Island

Name of person giving Information: Barney G. Shores. How related to deceased: Child

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Coiling of Cord. How long: —

Immediate: Strangulation. How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. Alexander

Address: Deals Island Somerset Co

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: George Curtis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Moanokin — County: Somerset

Date of death: 1904 July 29 — Age: 90 Years — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Somerset

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Maria

Father's Name: George — Father's Birthplace:

Mother's Maiden Name: Curtis — Mother's Birthplace:

Name of person giving Imformation: George H Hall — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Pneumonia Diarrhoea — How long: 2 yrs

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. W. Gill

Address: Moanokin Md.

Accident or Suicide?

LIBRARY BUREAU A83015

Name in Full: Morgan Dies

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Princess Anne — County: Somerset

Date of death 1904: Month: July — Day: 2 — Age: 4 — Years — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: Abraham Dies — Father's Birthplace: Md

Mother's Maiden Name: Mary Heath — Mother's Birthplace: Md

Name of person giving information: Marvin E. Shores — How related to deceased: son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 18 mos

Immediate: Exhaustion — How long: 4 wks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. J. Winder M.D.

Address: Dames Quarter Md

Accident or Suicide?

LIBRARY BUREAU A8S310

Name in Full: Jennie Downey —

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Pocomoke City — County: Somerset —

Date of death 1904: Month: July — Day: 17 — Age: Years — Months: 11 — Days:

Sex: female — Color or Race: Black — Birthplace: New Church Virginia

Occupation: — Where Residing if not at place of death: 1

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Rob W Downing — Father's Birthplace: Virginia

Mother's Maiden Name: Georgia Downing — Mother's Birthplace: Virginia

Name of person giving In formation: Rob W. Downing — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 2 Days

Immediate: — How long: —

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr J D Smith

Address: Pocomoke City

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Henry S. Ennis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westover — County: Somerset

Date of death: Month: July — Day: 9 — 1904

Age: Years: 49 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Carpenter — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Lillie

Father's Name: Wm Ennis — Father's Birthplace: Md

Mother's Maiden Name: Dorsey — Mother's Birthplace: Md

Name of person giving Information: Geo Ennis — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Endocarditis of tricuspid valve — How long: several years

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: G. J. Smith M.D.

Address: Princess Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Henry S Ennis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westover; County: Somerset

Date of death: Month: July; Day: 9th; 1904

Age: Years: 49; Months; Days

Sex: Male

Color or Race: White

Birth place: Somerset Co. Dublin District

Occupation: Carpinter

Where Residing if not at place of death: at Home

Married, Single or Widowed: Married

Name of Wife or Husband: Sarah A.

Father's Name: Wm F. Ennis

Father's Birthplace: Somerset County Md

Mother's Maiden Name: Margaret Long

Mother's Birthplace: as above

Name of person giving In formation: Sidney C Ennis

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Tuberculosis

How long: 2 or 3 Years

Immediate: Cachexia

How long: 5 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

This is given in accordance of O.S. certificate being incomplete

Signature of Physician: J. J. Smith

Address: Princess Anne Md

Accident or Suicide?

Wm M. Hunt.

LIBRARY BUREAU 483616

Name in Full: A R Fields

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Kingston; County: Somerset

Date of death 1904: Month: July; Day: 17

Age: Years: 42; Months: 6; Days: —

Sex: Male

Color or Race: Colored

Birthplace: Kingston Md

Married, Single or Widowed: ~~Widowed~~ Single

Occupation: Carpenter

Name of Wife or Husband: —

Father's Name: John Fields

Father's Birthplace: Virginia (Petersburg)

Mother's Maiden Name: Amelia Potter

Mother's Birthplace: Kingston Md

Name of person giving Information: John Fields

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption

How long: 5 Months

Immediate: "

How long: Exhaustion

Are the name, age, sex, color, date and place correctly given above? yes

~~Signature of Physician~~ John Fields (his father)

Address: Kingston Md

Accident or Suicide? No physician in attendance

LIBRARY BUREAU A88516

Name in Full: un named Fooks

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt vernon — County: Somerset

Date of death: Month: 1904 July — Day: 26 — Years: Age 3 days — Months — Days

Sex: Female — Color or Race: White — Birthplace: Mt vernon

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wilian Fooks — Father's Birthplace: Eng

Mother's Maiden Name: Kattie Fooks — Mother's Birthplace: Mt vernon

Name of person giving Imformation: Wiliam Fooks — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sick from birth — How long: 3 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dale Dashiell

Address: Mt vernon

Accident or Suicide?

LIBRARY BUREAU A88015

Name in Full

Certificate of Death

Lizzie Freeman

Died at Town: Kingston County: Somerset MARYLAND

Date 189 4 July 11 | Age Y. 25 M. 10 D. | Native of md | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married | ~~Single~~ | Widow | ~~Widower~~ | Divorced

Number of children living 2

Husband of Wife: Saml Freeman

Father's Name: Joseph Wilkins | Mother's Name: Rose Wilkins

Cause of Death: Primary: Intestinal Tuberculosis | How long sick: 1 year

Immediate: Same as above | Accident, Suicide, Homicide

Reported by: Lizzie Wilkins, 29 Chatham Ave

Address: Kingston Kingston Mass

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mary Stratantuno

Died at Town: Crisfield County: Somerset MARYLAND

Date 1904 Month: 7 Day: 15 | Age Y.: 20 M.: D.: | Native of: Maryland | Occupation: Housewife

~~Male~~ / Female

White / ~~Colored~~

Married / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~

Number of children living: none

~~Husband~~ / Wife of Michale Stratantuno

Father's Name: _____

Mother's Maiden Name: _____

Cause of Death: Primary: Colic (due to Obstructed Bowel.) How long sick: three days

Immediate: Peritonitis

~~Accident, Suicide, Homicide~~

Reported by G. F. Simonson M.D.

Address Crisfield Maryland.

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 29808

Name in Full: Baby Samuel Hayward

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Crisfield — County: Somerset

Date of death 190 — Month: July — Day: 28 — Age — Years — 6 Months — Days

Sex: Male — Color or Race: Black — Birthplace: Crisfield

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name: Florence Hayward — Mother's Birthplace: Crisfield —

Name of person giving Information: " " — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Ileo Colitis — How long —

Immediate: Asthenia — How long —

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signeture of Physician: Wm. H. Coulbourne

Address: Crisfield, Somerset Co., Md.

Accident or Suicide?

LIBRARY BUREAU A66515

Name in Full: Cressie Hopkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Vernon — County: Somerset

Date of death 1907: Month: 4th July — Day: 31 — Age: Years: 37 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Married — Occupation:

Name of Wife or Husband: Wm Hopkins

Father's Name: Frank Horner — Father's Birthplace: Md

Mother's Maiden Name: Emily Storey — Mother's Birthplace: Md

Name of person giving information: Geo R Marsh Jr — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis Arthritis — How long: 4 years

Immediate: & Laryngitis — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R E Hoyt M.D.

Address: Crisfield Md

Accident or Suicide? No

PHYSICIAN OR CORONER

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LIBRARY BUREAU A88516

Name in Full: Theresa Hopkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Vernon; County: Somerset

Date of death 1904: Month: 7; Day: 31; Age: Years: 33; Months: 8; Days: 3

Sex: Femal; Color or Race: White; Birthplace: Mt Vernon

Married, ~~Single or Widowed~~: Occupation: Housework

Name of ~~Wife or~~ Husband: William H Hopkins

Father's Neme: Francis Horner; Father's Birthplace: Mt Vernon

Mother's Maiden Name: Emily E. Horner; Mother's Birthplace: Mt Vernon

Neme of person giving In formation: Francis Horner; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculus; How long: One Year

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, ege, sex, color, date and place correctly given above? Yes

Signature of Physician: R W Hoyt

Address: Oriole Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Hattie Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield — County: Somerset

Date of death 1904: Month: July — Day: 17 — Age: Years — Months: 11 — Days

Sex: Female — Color or Race: Black — Birthplace: Crisfield

Married, Single or Widowed: Infant — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Saunders Johnson — Father's Birthplace: Somerset

Mother's Maiden Name: Ida Miles — Mother's Birthplace: Somerset

Name of person giving information: Isaac Fields — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 4 days

Immediate: Pneumonia — How long: 10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. E. Collins

Address: Crisfield.

Accident or Suicide?

LIBRARY BUREAU A8681B

Name in Full: Samuel L Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lawsonia — County: Somerset

Date of death 1904: Month: 7. — Day: 13. — Age: Years: 60 4 — Months: — — Days: —

Sex: Male — Color or Race: Black — Birthplace: Somerset Co Md

Married, Single or Widowed: married — Occupation: Farming

Name of Wife ~~or Husband~~: Sarah Johnson

Father's Neme: Saml Johnson — Father's Birthplace: Somerset Co Md

Mother's Maiden Name: Leah Johnson — Mother's Birthplace: Somerset Co

Name of person giving In formation: Sarah Johnson — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primery: Pleurisy — How long: 2 months

Immediete: — — How long: —

Are the name, age, sex, color, date end place correctly given above? yes

Signature of Physician: W F Hall

Address: Crisfield Md

~~Accident or Suicide?~~

LIBRARY BUREAU A9818

Name in Full: Henry Jones.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westover; County: Somerset

Date of death 1904: Month: July; Day: 12; Years: Age 63; Months: 9; Days: 4

Sex: Male; Color or Race: Black; Birthplace: Somerset Co

Occupation: Farmer; Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband: Ann Jones.

Father's Name: Revel Jones; Father's Birthplace: Somerset Co.

Mother's Maiden Name: Maria Ballard; Mother's Birthplace: Somerset Co.

Name of person giving Imformation: George H. Hall.; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bright's Disease. 20; How long: Unknown.

Immediate: Uremia (Patient not attended); How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. T. Fisher, M.D.

Address:

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Rosa King

CERTIFICATE OF DEATH

MARYLAND

Town: Princess Anne | County: Somerset Co

Died at

Date of death 1904 | Month: July | Day: 8 | Years: Age 52 | Months | Days

Sex: Female | Color or Race: Colored | Birthplace: Somerset Co

Occupation: Laborer | Where Residing if not at place of death: Princess Anne Md

Married, Single or Widowed: Widowed | Name of Wife or Husband: Robert King

Father's Name: Nelson Teagle | Father's Birthplace: Unknown

Mother's Maiden Name: Kiza Newman | Mother's Birthplace: "

Name of person giving Information: Annie B. King | How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis | How long: 1 yr 9 Months

Immediate: Cachexia | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: G. H. Smith M.D.

Address: Princess Anne Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Josephine McDorman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Crisfield — County: Somerset

Date of death 1904 — Month: July — Day: 28 — Age: Years 56 — Months — — Days —

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Widowed — Occupation: —

Name of Wife or Husband: James McDorman

Father's Name: Eugene Smith — Father's Birthplace: Md

Mother's Maiden Name: Esther Whitedock — Mother's Birthplace: Md

Name of person giving Information: R. J. Hastings — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Enteritis — How long: 7 mos

Immediate: exhaustion — How long: 5 dys

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. T. Steffey M.D.

Address: Crisfield Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Wm S Maith

Died at Crisfield (Town) Somerset (County) MD MARYLAND

Date 1904 Month 7 Day 1 | Age Y. 74 M. 4 D. 18 | Native of MD | Occupation ——

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 2

Husband of Wife Sallie Maith

Father's Name William S. Maith | Mother's Maiden Name Sallie Ennis

Cause of Death — Primary: Exposure | How long sick: 1 week

Immediate: Inflamation of Lungs | ~~Accident, Suicide, Homicide~~

Reported by C. C. Ward

Address Crisfield

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Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full: Harriet Nelson

CERTIFICATE OF DEATH

Died at: Town: Crisfield; County: Somerset; MARYLAND

Date of death: Month: 7; Day: 22; 1904; Age: Years: 82; Months: ; Days:

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: Housework; Where Residing if not at place of death: Crisfield, Md

Married, Single or Widowed: Married; Name of Wife or Husband: Zach Nelson

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Information: G. T. Simonson M.D; How related to deceased:

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Cholecd; How long: 2 months

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. T. Simonson

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Louis Scarborough, or Boggs

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Marion Station — County: Somerset

Date of death 1904 — Month: July — Day: 8 — Age — Years: 72 — Months: — Days: 14

Sex: Male — Color or Race: Black — Birthplace: Virginia

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Leah Jane Whittington

Father's Name: Peter Boggs — Father's Birthplace: Virginia

Mother's Maiden Name: Sarah Finney — Mother's Birthplace: Virginia

Name of person giving Information: Anthony Johnson — How related to deceased: Not any

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy due to organic disease — How long: 12 months

Immediate: of the heart & kidneys Exhaustion — How long: one day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O B Bozman M.D.

Address: Marion Station Somerset County

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Prettyman Sharo

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Monie

County: Somerset

Date of death 1904: Month: July; Day: 19

Age: Years: 37; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Md

Married, Single or Widowed: Widowed

Occupation: Oysterman

Name of Wife or Husband: Clara Noble (deceased)

Father's Name: Geo Sharo

Father's Birthplace: Md

Mother's Maiden Name: Margaret Bozman

Mother's Birthplace: Md

Name of person giving Information: Edna Noble

How related to deceased: Father in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 2 years

Immediate: Asthenia — How long: 2 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R L Haught M.D.

Address: Crisfield Md

Accident or Suicide? No

LIBRARY BUREAU A88618

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Crisfield — County: Somerset

Date of death — Month: July — Day: 13 — 1904

Age — Years: ~~Still Born~~ — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Crisfield

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James T. Somers — Father's Birthplace: Md.

Mother's Maiden Name: Sadie Lewis — Mother's Birthplace: "

Name of person giving In formation: Father — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Si — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address:

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary Batte Sterling

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield; County: Somerset

Date of death 1904: Month: 7; Day: 12; Years: Age 52; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Salisbury Md

Married, Single or Widowed: Widow; Occupation: Domestic

Name of Wife or Husband: —

Father's Name: Thomas Batte; Father's Birthplace: Salisbury Md

Mother's Maiden Name: Pecilla; Mother's Birthplace: Salisbury

Name of person giving Information: Wm Batte; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: mammary Carcinoma; How long: One year

Immediate: Cancer of Liver (secondary); How long: 2 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Hall

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A6851a

Name in Full: Anna E. Tailor

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt. Vernon — County: Somerset

Date of death: 1904 — Month: July — Day: 1

Age — Years: 0 — Months: 2 — Days:

Sex: girl — Color or Race: White — Birthplace: Mt. Vernon

Occupation: — Where Residing if not at place of death: Mt. Vernon

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Scotlan Tailor — Father's Birthplace: Mt. Vernon

Mother's Maiden Name: Anna Tailor — Mother's Birthplace: Wisconsin

Name of person giving Imformation: Scotlan Tailor — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Summer Complaint — How long: 2 Weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Ed. Morse

Address: under taker

Accident or Suicide?

Dale Bashiell

LIBRARY BUREAU A66316

Name in Full: James White

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dames Quarter — County: Somerset

Date of death: 1904 — Month: July — Day: 22nd — Age: 65 — Months: — — Days: —

Sex: Male — Color or Race: colored — Birthplace: Som. Co.

Occupation: Oyster man — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Flora Jones

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Samuel C. Jones — How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bright's Disease — How long: 6 month

Immediate: Asthenia — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. J. Windsor M.D.

Address: Dames Quarter, Somerset Co., Md.

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Candis Whittington

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Parsonville — County: Somerset

Date of death 1904: Month: July — Day: 19 — Age: Years: 51 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Lawsonia

Married, Single or Widowed: Married — Occupation: House Work

Name of Wife or Husband: Ada Whittington

Father's Name: Frank Horsey — Father's Birthplace: Parsons Ville

Mother's Maiden Name: Lucy Bickmans — Mother's Birthplace: Lawsonia

Name of person giving Information: Alex Whittington — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Locomotor Ataxia — How long: 22 Months

Immediate: General Paralysis — How long: 3 Week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address: Crisfield Md

Accident or Sulcide? No

LIBRARY BUREAU A68316

Name in Full: Jackson Williams or Young

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marion Station; County: Somerset

Date of death: 1904 Month: July Day: 17

Age: Years: 75 Months: Days:

Sex: Male

Color or Race: Black

Birthplace: Baltimd,

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Amanda Johnson

Father's Name: Henry Young

Father's Birthplace: Balto, md,

Mother's Maiden Name: Lossy Waters

Mother's Birthplace: Somerset Co. Md.

Name of person giving Information: Thomas Young

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Degeneration

How long: 16 months.

Immediate: General Apoplexy

How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O. B. B. Ewell M.D.

Address: Marion Station, Somerset County

Accident or Suicide?

LIBRARY BUREAU A88014

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Albert R Wilson

Died at: Crisfield (Town) — County: Somerset

Date of death 1904: Month: 7 — Day: 26 — Age: Years: 67 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Crisfield Md

Married, Single or Widowed: married — Occupation: Merchant

Name of Wife or Husband: Mary Wilson

Father's Name: Orland Wilson — Father's Birthplace: Crisfield Md

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: 93 — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic diarrhoea — How long: 7 years

Immediate: Pneumonia — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Hall

Address: Crisfield Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A08516